Healthier Together Summary Engagement Report, March 2013

Introduction

The communications and engagement strategy for the Healthier Together programme has been underpinned by the key principle that nothing can be achieved without authentic patient and public involvement. The aim in delivering the strategy was to ensure 'best practice' and meaningful engagement with staff and all sections of our diverse community, to enable them to influence our work.

The two key objectives of the communications and engagement strategy were:

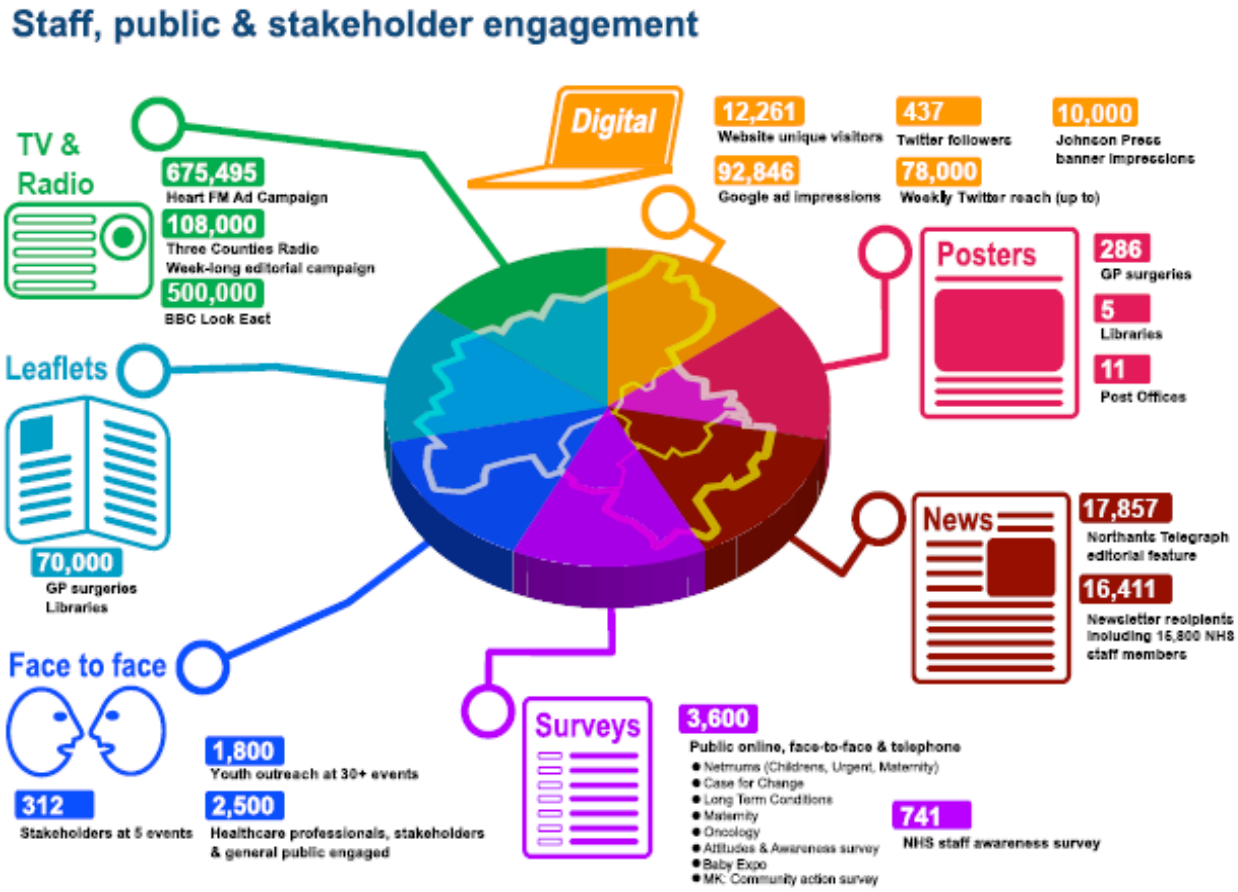
- Ensuring engagement at all levels of the programme
- Raising awareness and understanding of the case for change

The Secretary of State identified four key tests for service change, designed to build confidence within the service, with patients and communities. The tests were set out in the revised Operating Framework for 2010-11 and require existing and future reconfiguration proposals to demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

The Healthier Together communications and engagement strategy was designed to ensure the programme could evidence that it had met these four tests.

A wide range of communications and engagement methods have been used to give people different opportunities to find out more about, and become involved in, the Healthier Together programme. In total, since February 2012, there have been more than 120 public and stakeholder meetings, 16 road shows and 5 deliberative events. The programme has had direct involvement with approximately 12,000 people and the reach of some of our communications led to many more thousands of local people being aware of our messages as the following diagram illustrates:



This paper summarises how engagement was embedded in the programme structure, the issues that were engaged on, the activities undertaken, findings from an independent assessment, a summary of feedback received and how this influenced the work of the six clinical working groups.

Programme structure

Meaningful patient, public and clinical engagement was embedded at all stages and levels of the programme in order to meet statutory requirements and best practice standards.

A Patient and Public Advisory Group (PPAG) with an independent Chair was established to provide advice and assurance that best practice was being followed. The Chair of the PPAG also sat on the Programme Board, Clinical Senate and Commissioners Group. PPAG membership reflected a good geographical balance and included Chairs of LINks, third sector representatives, acute trust governors and patient representatives. More than 200 local hospital clinicians and GPs were directly involved in the programme with many hundreds more involved via local briefings, staff surveys and regular updates.

The PPAG provided the programme with ongoing scrutiny and challenge and an assurance that the patient voice was central to all aspects of the programme's work. Some of the key tasks undertaken by the PPAG included:

- Input and recommendations on the evaluation criteria
- Scrutiny of the communications and engagement strategy
- Comment and guidance on the work of the Clinical Working Groups (CWGs) – each CWG had a PPAG member and undertook their own targeted engagement
- Ensuring communications and literature produced was accessible

- Advising on how stakeholder and public feedback was recorded, presented and used to inform the work

- Advising on travel and transport issues – this was a key area for the PPAG which was regularly reviewed; PPAG members also sat on the Travel and Transport group, helping to develop a travel analysis tool for the SEM area and raising areas of patient concern

Engagement on the Case for Change

Specific engagement on the Case for Change was taken forward with a range of stakeholders, patients, members of the public and NHS staff as part of a multi-layered communications and engagement campaign. The aim was to raise awareness and understanding of the need to change and target audiences included patients, members of the public, NHS staff, hospital clinicians, GPs and stakeholders. Harder to reach groups, such as Black and Minority Ethnic (BME) groups, children and young people, disability and learning disabilities groups, older people forums, faith organisations and carers groups were also engaged directly or through local groups/organisations..

The engagement on the Case for Change took place primarily between February and June 2012 and activities included: a telephone survey of 1,600 local people, deliberative events in each area with a representative sample of the local population, public meetings in each area, an extensive website and new media campaign, road shows, staff events and two stakeholder deliberative events .

The four public deliberative events took place in February and March 2012 in Milton Keynes, Wellingborough, Bedford and Luton. A representative sample of each local area was recruited to attend, ensuring appropriate representation in terms of age, gender and ethnic profile. The events were used to explore:

- Awareness and views of the case for change
- Views on the vision for the future
- Views on the draft evaluation criteria

By the end of each event attendees evidenced a very high awareness of the challenges facing the local healthcare system and strong support for the Case for Change. There was also consistent support for the programme's vision.

Attendees gave careful consideration to draft evaluation criteria discussing the appropriateness or otherwise of the criteria and ranking them in terms of importance. Their feedback was used to develop the final criteria which were later agreed by the Programme Board.

Feedback on the Case for Change

Feedback on the Case for Change clearly showed wide spread acceptance of the need for change to take place and an understanding of the reasons for this. There were a number of themes that were consistently raised:

Travel and transport

- Cost
- Availability of public transport
- Rural/isolated communities

The potential increase in cost of travel for patients, their family and carers was a concern, along with concerns that patients could be further away from home, particularly expectant mothers, children and those reliant on family members for care. Public transport was a significant concern, including the availability, cost and ability for patients and visitors to use public transport services. It was felt that these issues were especially acute for those living in rural areas.

Specialist Centres

There was general support for the development of specialist centres, and an understanding of the benefits this would have on patient outcomes and the quality of care. Concerns raised related to travel and transport issues, and accessibility. A common requirement was for patients to be relocated for rehabilitation at a facility closer to home once the initial treatment or procedure had taken place.

Evaluation criteria

Stakeholders and members of the public were involved in developing, agreeing and ranking the key evaluation criteria to use when assessing draft clinical models. The original criteria discussed were:

- Quality/Safety
- Access
- Sustainability
- Affordability
- Achievability

Feedback from the PPAG and stakeholder/public deliberative events led to the definitions of the criteria being rewritten and the final criteria changing. 'Access' was replaced by two criteria: 'Travel Access' and 'Equity of Access'. This was because it was felt that 'Access' was not explicit enough. In addition it was felt that aftercare and the safety of any journey a patient might have to make, such as travelling further to a specialist centre of excellence, should be an explicit component of the definition of quality/safety. In addition 'Achievability' was changed to 'Deliverability' as it was felt that any proposal had to have the support of GPs and other clinicians in order for it to be implemented effectively.
The final criteria ranked in order of importance were agreed as follows:

- Quality and Safety
- Affordability
- Deliverability
- Sustainability
- Equity of Access
- Travel Access

Engagement on emerging draft clinical models of care

Following the support demonstrated by stakeholders and the public for the Case for Change, the Healthier Together programme engaged on draft clinical models of care, which were developed in response to the work of the CWGs at the end of July 2012. The draft clinical models were not site specific and discussions reflected this.

Initial engagement on the draft clinical models of care was with stakeholders and NHS staff in the five hospitals. This engagement was then widened to include members of the public through online surveys, public meetings, newsletters, new media, road shows and attendance at community group meetings and events.

At a stakeholder deliberative event in July there was broad support for the direction of travel signalled by the draft clinical models. In addition, nine out of ten delegates agreed that Healthier Together had made the Case for Change. Delegates included Clinical Commissioning Group chief executives, chairs of Health &Wellbeing Boards, members of the Joint Health Overview and Scrutiny Committee, LINKs representatives, local councillors, NHS trust chairs, directors and governors.

In addition a public road show took place in early Autumn during which over 800 local people from across the South East Midlands answered specific questions about the themes underpinning the draft clinical models. Overall 683 respondents (almost 80%) who took part in the roadshow told us that they thought that a healthcare system that provides as many services as possible locally and more serious emergency care and specialist care at centres where this led to better results was either good or acceptable. A breakdown of response rates for each geographical area was as follows:

- 177 respondents (85%) from Kettering felt this was either good or acceptable
- 73 respondents (68%) from Corby felt this was either good or acceptable
- 185 respondents (79%) from in Northampton felt this was either good or acceptable
- 87 respondents (88%) from Milton Keynes felt this was either good or acceptable
- 84 respondents (54%) from Luton & Dunstable felt this was either good or acceptable
- 67 respondents (79%) from Bedford felt this was either good or acceptable

Targeted engagement

Targeted engagement with specific community and harder to reach groups included working with children and young people, older people, Long Term Condition groups, BME communities, carers and expectant parents. The Clinical Working Groups also carried out targeted engagement with patients and local people, with patient and public surveys on cancer services, maternity services, children's services and long term conditions. A long term conditions event was held with over 40 representatives from long term conditions groups and charities.

An online survey was hosted by Netmums, the UK's leading online parenting community to seek feedback on maternity services, children's services and emergency services, as well as seeking participants' views and experiences of acute hospital services. In addition a survey was undertaken at the BabyExpo at thecentre:MK over two days in September where a total of 107 questionnaires were completed.

Regular briefings and updates were provided for MPs within the South East Midlands to ensure awareness and understanding of the case for change and work of Clinical Working Groups. Healthier Together regularly responded to parliamentary enquiries from local MPs and where required arranged additional briefing events. This was particularly prudent around the time of the Corby and East Northamptonshire by-election in November 2012. Questions about Healthier Together were also raised in the House of Commons on more the one occasion, including at Prime Minister's question time.

Healthier Together regularly attended local authority full council and sub-committee meetings and district council meetings within the SEM area to ensure elected members and officers were kept informed and engaged in the programme. In addition to this, a Joint Health Overview and Scrutiny Committee was established to provide a statutory scrutiny function, consisting of three councillors and LINk representatives from each local authority area. Regular briefings, presentations and scrutiny sessions have taken place with this committee.

The voluntary and community sector had a central role in delivering targeted engagement work to harder to reach groups. Partnerships with VCS umbrella organisations were established in each area: NVC Northamptonshire, Community Action: Milton Keynes and Voluntary Action Luton (incorporating work across Bedfordshire). For example harder to reach communities in Milton Keynes were engaged through MK Community Action using community mobilisers (community engagement specialists working in areas of socioeconomic deprivation across Milton Keynes). Over 60% of people engaged responded positively when asked if they would travel further to access better care although concerns about the cost of travel were raised.

Engagement with young people was taken forward via activities with colleges in the area such as Barnfield College in Luton, Tresham College, Moulton College, Milton Keynes College, University of Bedfordshire and the University of Northampton. In addition to engagement with local authority Young Person Parliaments and Councils, a pilot piece of work was been established in Northamptonshire with the Children and Young People's Partnership Board on a peer research project. A small group of young people designed and delivered focus-group type discussions with their peers through school parliament/councils or local youth group. So far, two focus groups have been completed, one with the Children in Care Forum and another with Bishop Stopford School Council. Three further focus groups are planned, one being with members of the Shadow Partnership Board.

Engagement took place with over 40 attendees at carers cafes organised by Carers in Bedfordshire. Attendees gave useful insightful into their experience of accessing healthcare services as both carers.

Media coverage of Healthier Together

The importance that members of the public attach to safe, accessible and reliable NHS services in their locality is reflected in the high news value that all media attach to health issues.

Healthier Together has consistently attracted local and regional media coverage since the programme's launch in February 2012. Coverage was at its most dense during the Corby

parliamentary by-election campaign when the future of Kettering General Hospital became an important issue of debate and contention between, particularly, Labour and Conservative candidates.

A key characteristic of Healthier Together coverage in local print titles has been the desire expressed by local politicians, patients and residents to see the retention of all acute services locally. Media portrayal of potential service reconfiguration has focused on the negative effect of longer patient journeys rather than the positive benefits of improved patient outcomes and the need to secure financial and clinical sustainability.

Healthier Together has sought to generate balanced coverage through pro-active media releases and one-to-one media briefings whenever possible. Notable examples of this positive approach include a week long feature on Healthier Together by BBC Radio Three Counties and BBC Radio Northampton, an out-of-hospital care initiative broadcast on BBC Look East in January 2013, a background article published by Health Service Journal in November 2012, and consistently balanced and informed coverage in the Northants Telegraph and Northampton Chronicle and Echo.

Independent review of engagement

Participate UK were commissioned to undertake an independent review of the progress of the engagement and communications work stream. An interim report and interim stakeholder survey were produced in August and October 2012 respectively and a final report will be produced at the end of this phase of the Healthier Together programme.

Evidence from the interim report and survey suggests that stakeholders such as Health and Wellbeing Boards, the Joint Overview and Scrutiny Committee, LINks and GPs were satisfied that they were being kept informed of progress and responses to the patient and public engagement.

The interim report concluded that "Healthier Together has taken more than appropriate steps to ensure that people know what is happening and how they can participate. The use of online and social media is particularly encouraging and the Healthier Together website should be applauded as a good practice example." It said that Healthier Together had taken "considerable steps" to reach people through traditional media and that the Healthier Together team was doing a "good job" in responding to requests for meetings and face-to-face events. The full report is available on the Healthier Together website.

Summarising feedback

Key themes emerging from the feedback received from the patient and public engagement undertaken since February 2012 are as follows:

*safety and quality of services are valued as more important than any other aspect of care – including access and transport

*there is increasing recognition that not all specialist services can be provided at local district general hospitals

*moving routine, non-emergency procedures out of hospital into community settings has the overwhelming support of patients and carers

* travel and transport issues are a concern for many people

Theme	Summary of feedback
Case for Change	• Widespread agreement with the need for change and understanding of current pressures • Quality of care is highest on people's agenda and they are willing to travel further for better outcomes • Support for providing care closer to home • NHS staff concerned about impact of service change on local growing population and quality of care – particularly in North Northants
Travel and transport	• Potential rise in costs for patients/carers a concern • Availability, access and cost of public transport could impact on some

	patients ability to access care • Appropriate support needs to be in place – particularly for less-able patients, carers and relatives of children • Concerns over ability of Patient Transport Services to meet additional patient needs
Specialist centres	• General acceptance of the reasons and benefits of specialist centres being established • A range of concerns relating to travel, transport and access • Rehabilitation should be as close to home as possible • Concerns raised over impact on patient outcomes in time-sensitive/emergency situations • Queries regarding the impact of reconfiguration on hospitals surrounding the South East Midlands
Draft clinical models of care	• Broad support for direction of travel from stakeholders • Acceptance that all services can not be offered at all hospitals to the best clinical standards • Concerns raised about having to travel further in an emergency • Some concerns over patient safety relating to any reduction in obstetric led maternity units • This was countered by overwhelming support for the model from new mums at the BabyExpo in Milton Keynes as evidenced by response to questionnaire • Strong support for more services in the community • Concerns from children and young people that if they need to be admitted as inpatients they could be further away from home – concerns about visiting, contact and support from family and friends
Coordinated care for LTC/elderly	• General support for more joined up services – particularly between health and social care services • Multi-disciplinary teams seen as a possible solution • Examples of good practice should be used and built upon • Third Sector/Voluntary and Community Sector organisations need to be involved more in planning and delivery of services/additional support for patients
Care closer to home	• Strong support for better provision of test and diagnostic facilities closer to home • Outpatient clinics and appointments should be available at local GP practice/health centre • Support for more non-emergency routine procedures to be carried out in a community setting rather than hospital
Communications/ patient choice	• More involvement of patient and carers in decisions on treatment and health • More appropriate and understandable patient information is needed • Concerns raised over the provision of care for vulnerable patients in hospital

The themes from the engagement carried out can be used by CCGs to inform and shape any localised draft proposals as work continues on a more localised basis.

Impact of communications and engagement

Feedback from Healthier Together's engagement and communications activity has helped to inform and support the work of the programme's six Clinical Working Groups (CWGs). The following table illustrates how engagement feedback has had specific influence on the recommendations of the CWGs.

Engagement feedback	CWG conclusions
*Clinical excellence Engagement with patients, local people, stakeholders and NHS staff has consistently identified quality and safety as the most important factor in considering service reconfiguration. In February and March 2012, quality and safety was identified as the most important criterion at four public deliberative events. In the Spring/early summer 2012, 70 per cent of participants in a survey of hospital staff and GPs ranked quality and safety as most important. A participant at the stakeholder event held in July to consider draft strategic models commented: "Acknowledging the message around travel will be very difficult because it means much more awkward travel in a complex situation but ask anyone and safety is the main thing up front so I buy it." In the summer of 2012, 60% of respondents to a survey carried out by Community Action in Milton Keynes responded positively to the notion of traveling further for specialist care if patient outcomes were improved. One respondent commented: "I would travel for all services if it meant my children would get better care." In September 2012, 79 per cent of respondents to a questionnaire at the BabyExpo event in Milton Keynes said the most important aspect was receiving the appropriate level of maternity care – even if it meant travelling further.	*Clinical excellence A top priority for CWGs is to ensure that services covering the South East Midlands should meet contemporary national standards of safety and service, such as the Royal College of Obstetricians and Gynaecologists Standards for Medical Care and College of Emergency Surgeons guidelines. No hospital within the SEM currently meets these standards. This commitment is reinforced by the reports of all six clinical working groups which will act as the evidential foundation for the next phase. A set of criteria, shaped by feedback from clinicians, patients and the public, to evaluate reconfiguration proposals has been developed. The criteria, in order of importance, were as follows: • Quality and safety • Affordability • Deliverability • Sustainability • Equity of Access • Travel Access
*Location of services/specialised units Respondents have consistently reported that patient outcome was more important than location of services/specialised units, Participants at public deliberative events in February expressed the view that location of maternity services was less important than good outcomes for families. In addition, they identified the importance of good access to specialist support 24/7 and particularly at weekends. There was recognition that not all specialist services could be provided at all hospitals. A participant at an event in Luton said: "As much as we would like every service at every hospital, we have to accept that is not possible." In a survey of local members of Netmums, the UK's leading online parenting community, carried out in May 2012, respondents were asked to rank	*Location of services/specialised units All Clinical Working Groups have reported their commitment, wherever appropriate, to deliver care as close to home as possible. In the large majority of cases that will be through the five district general hospitals in the South East Midlands or even closer to home by taking services out of hospital and delivering them through community settings. This is highlighted particularly in the reports of the Children's, Long Term Conditions and Planned Care working groups. Specialist centres of excellence should only be established when there is clear clinical evidence that this would result in improved patient outcomes. .

five elements of maternity service in order of importance. Seeing the same midwife was ranked one; having a specialised unit in one place with more expertise and equipment was ranked two.	
*Access to A&E Patient and public members of the Emergency CWG raised concerns about the potential impact of increased journey times. Participants at the July stakeholder's workshop supported in general the principle proposals for a networked system including three main A&E departments. Comments included a belief that the proposed system would be acceptable – "if 80 per cent or patients are still seen where they arrive".	*Access to A&E Under the draft clinical models being considered around 80 per cent of patients would continue to be treated at the same A&E sites. Additional patients could be treated closer to home through the development of new community facilities – for example Corby Urgent Care Centre. Concentration of expertise in fewer locations would strengthen 24/7 consultant coverage against a background of limited human resource and difficulties in recruiting qualified experienced consultants..
*Access to cancer care Patient representatives on the Cancer CWG said "Care should be delivered as locally to the patient as possible without compromising on quality." Cancer patient respondents to a Healthier Together survey carried out in February and March 2012 identified waiting times as the most important aspect for improvement (39 per cent) against treatment closer to home (8per cent). Participants at a stakeholder's workshop in July raised some concerns about the cost of transport to specialist centres further afield – particularly in accessing radiotherapy treatment from east Bedfordshire.	The generic cancer pathway developed by the CWG proposes that a greater amount of follow-up care could be provided in primary care or in the community under the guidance of enhanced protocols. The Cancer CWG report also contains a commitment to improve access to treatments including radiotherapy and chemotherapy through local community facilities. Both these measures are intended to reduce the onus of transport and travel on local cancer patients and their families/carers. The CWG recognises that concentrating resources on centres of excellence can reduce waiting times and improve outputs but also lead to longer journeys.
*Access to planned care 151 people with recent experience of planned care services responded to a Healthier Together survey. They ranked access to experts as more important than services closer to home and services in one place. Patient members of the CWG identified the importance of delivering care as locally as possible "providing this does not impact on quality".	*Access to planned care The Planned Care CWG recognises that patients may have to travel to a centre of excellence for some specialised inpatient services. While recognizing the impact of longer journeys on some patients and their families, the group believes that the benefits of improved outcomes and potentially shorter waiting times outweighed potential disadvantages. As a balance, some services including all outpatients will continue to be available locally – and, potentially even closer to home through delivery at community facilities. The CWG has identified some services currently provided out of the region that could be repatriated within the SEM through the development of specialist centres.
*Access to care for Long Term Conditions	*Access to care for Long Term Conditions

63 per cent of respondents to a CWG-commissioned survey in June 2012 reported that GP practices and local clinics were their preferred location for future care. Some patient feedback suggested that GP practice hours should be extended to 24/7. DoH national consultation on LTC pathways identified that patients did not want to be in hospital unless absolutely necessary.	The CWG endorses the use of the national generic integrated pathway for LTCs. Under this pathway the majority of care would be delivered through primary care or community environments with less reliance on hospital-based care leading to significant bed reductions. The group also identified examples of where the transformation of LTC services from hospital to community based is already in place or being developed in parts of the SEM. The CWG supports the development of self-help community hubs.
*Access to children's services In a survey of local members of Netmums, the UK's leading online parenting community, carried out in May 2012, respondents ranked access to expert/specialist care as their most important priority when using NHS children's services. Participants at a stakeholder workshop in July were concerned about the increased costs of travel if specialist centres were established at only three centres as well as transport issues for children needing to access emergency care. However, participants at the event also expressed approval of the principle of caring for children with long term conditions in the community and not in hospitals.	*Access to specialist services The Children's CWG recognises that, owing to resource constraint, it is not possible to provide specialist services on all five hospital sites. In addition, the group recognises the need to build an enhanced skills base at community level. In its report, the CWG stated that critical and less common paediatric care was likely to be provided in fewer centres where expertise could be concentrated. The CWG has maintained a commitment, wherever appropriate, to deliver children's care in the community rather than in hospital. This would minimise transport demands on both children and their families. In addition, the group has identified the key principle of minimising the transfer of sick children and the need to establish consistent pathways for travel, assessment treatment and transfer.
*Maternity care Participants at four public deliberative events held in February and March expressed the view that location of maternity services was less important than good outcomes for families. In addition, they identified the importance of good access to specialist maternity support 24/7 and at weekends whenever it was needed. Comments from the survey included: "Access to specialist/expert care quickly" "All the services I need are in one place" In a survey of local members of Netmums, the UK's leading online parenting community, carried out in May 2012, respondents were asked to rank five elements of maternity services in order of importance. Having a specialised unit in one place with more expertise and equipment was ranked	*Maternity care The CWG has concurred that a variety of environments was needed to meet guidelines set out by the ROCG's report "High Quality Women's Care: A Proposal For Change". These include the principle that women should receive the right treatment at the right time in the right place from the right person according to the needs of themselves and their babies. The group's report to the Clinical Senate in July 2012 identified four birth environments. They are: at home with care provided by a midwife; in a stand-alone midwife-led unit; in a midwife-led unit operating alongside a consultant obstetrician unit; in an obstretrician-led unit. In its report of initial findings to the Clinical Senate, the Maternity CWG supported a model including three consultant-led units which would concentrate

second (behind seeing the same midwife).	specialist knowledge to deliver complex care.

As this report demonstrates, patient and public engagement has been embedded throughout the Healthier Together programme and has been a key factor in the development of the recommendations of the Clinical Working Groups. The programme can demonstrate that the Clinical Working Groups have taken account of the views and feedback received from a wide variety of sources and this is evidenced by their final reports.

Ongoing engagement will now be taken forward by the individual CCGs. The Programme Board is asked to note the impact of the extensive patient and public engagement that has taken place and its influence on the work of the Clinical Working Groups.